

Status: Finalized

I. Center Identification

Organization Name: COLUMBUS PAIN INSTITUTE

Street Address: 2400 North Park, Suite 20

City: Columbus

County: Bartholomew

Administrator Name: Sarah Ramey

Administrator Email: saraheramey@yahoo.com
ASC Web Address: wellspringpainsolutions.com

Fiscal Year: 2016

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1	
Number of procedure rooms	0	

III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	2178	3602		
B. Ten Most Frequent Surgical Procedures Perfo	rmed			
CPT Code		Total Procedures		
64483		650		
64493		472		
64494		431		
62311		329		
64490		271		
64491		267		
64495		240		

64492	170
67784	166
G0260 or 27096	444

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	